

**PACE Request for Professional License**  
**South Carolina Department of Education | Office of Educator Services**  
8301 Parklane Road  
Columbia, South Carolina 29223

**License Number** \_\_\_\_\_ **School District** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Former Name** \_\_\_\_\_

**PACE Content and Licensure Area** \_\_\_\_\_

**In order to advance to a professional license, a PACE candidate must have completed all program requirements. Please provide the information in each area below.**

- 1. PACE Training: All PACE training institutes and seminars must have been completed successfully.**
- 2. Graduate Course Work: Nine hours of PACE coursework must have been completed with a grade of B or better.**

Course 1 Classroom Management Semester and Year Course Completed \_\_\_\_\_  
Course Prefix and Number \_\_\_\_\_  
Regionally Accredited College or University \_\_\_\_\_  
☐ **Yes** Official Transcript is on file with the Office of Educator Services. ☐ **Yes** The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process.  
☐ **No**

Course 2 Content Area Methods Semester and Year Course Completed \_\_\_\_\_  
Course Prefix and Number \_\_\_\_\_  
Regionally Accredited College or University \_\_\_\_\_  
☐ **Yes** Official Transcript is on file with the Office of Educator Services. ☐ **Yes** The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process.  
☐ **No**

Course 3 Core Education Course Semester and Year Course Completed \_\_\_\_\_  
Course Prefix and Number \_\_\_\_\_  
Regionally Accredited College or University \_\_\_\_\_  
☐ **Yes** Official Transcript is on file with the Office of Educator Services. ☐ **Yes** The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process.  
☐ **No**

**3. Principles of Learning and Teaching Examination** *(Not required for Library Media):*

**Passing score on the appropriate Principles of Learning and Teaching (PLT) exam.**

Test Date \_\_\_\_\_ Official score report is on file. ☐ **Yes** | ☐ **No**

**Teaching Effectiveness**

An analyst in the Office of Educator Services will review your ADEPT history to verify that you have completed three years of successful teaching, including a successful summative evaluation. Please note that school districts have until June 20<sup>th</sup> to submit ADEPT results for the current academic year.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*You may check the status of this request and your educator license at all times by accessing the View Licensure Status link on our Web site at [www.ed.sc.gov](http://www.ed.sc.gov). You may also print a copy of your current license from this page. An official copy of the license may be requested for a \$10.00 fee, payable by check or money order.*